



**U.S. Department of Housing and Urban Development**  
**Northwest/Alaska Multifamily Housing Hub**  
**serving : Alaska, Idaho, Oregon and Washington**

**December 17, 1998**

**SAMA/FEASIBILITY CHECKLIST**

**Residential Care Facilities**

**232 New Construction and Substantial Rehabilitation**

NAME OF PROJECT: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

A.	One copy of the following exhibits are required by the Northwest/Alaska Multifamily Hub (909 First Avenue, see above) as part of the Site Appraisal Market Analysis (SAMA) application for new construction, or Feasibility for substantial rehabilitation. Please include a copy of this completed SAMA checklist.		
B.	Under the PS, ENC or N/A column below, please indicate if the document was Previously Submitted (PS) and is not being resubmitted with a "P" next to the numbered item. If the document is being submitted and is Enclosed (ENC) with this checklist, please indicate with an "E". Indicate with N if any documents are not applicable for this submission.		
C.	You must indicate under the "Date of Document" column the date of the "Previously Submitted" or "Enclosed" document.		
D.	The application cannot be accepted without receipt of each required exhibit. Once all exhibits are received and determined acceptable, the application fee, the original application, and the required number of copies will be requested. When requested, please hand deliver the application fee to the Multifamily Lead Project Manager at the Seattle Hub Office using correspondence code OAHMA, via certified mail/return receipt. Please note that all the 232 applications must be sent to the Seattle Hub for processing.		
	<b>PS or ENC or N/A</b>	<b>Date of Document</b>	<b>Exhibit</b>
1.	_____	____/____/____	Cover letter. If lender submitted, include the Mortgagee's reason(s) for recommendation of the applicant per Handbook 4470.1 REV-2, para. 2-2.D.3.
2.	_____	____/____/____	Form HUD-92013-NHICF, Application for Project Mortgage Insurance dated 5/92, with the following completed (SAMA only):
	_____	____/____/____	a. Page 1 in its entirety, except for Section D;
	_____	____/____/____	b. Page 2, Item 38 of Section G, Estimated Market Price of the Site; and
	_____	____/____/____	c. Page 3, Section J and I (to the extent known)
3.	_____	____/____/____	A complete form HUD-92013-NHICF, Application for Project Mortgage Insurance dated 5/92 (feasibility only).

	<b>PS or ENC or N/A</b>	<b>Date of Document</b>	<b>Exhibit</b>
4.	_____	___/___/___	Form HUD-2576-HF-Certificate of need for Health Facility and Assurance of Enforcement of State Standards (except for board and care facilities).
5.	_____	___/___/___	Certification in accordance with Section 1616(e) of the Social Security Act from the local State (for board and care facilities only).
6.	_____	___/___/___	A current license as required by the State and local jurisdiction (feasibility only).
7.	_____	___/___/___	The "Byrd Amendment" Certification for Contracts, Grants, Loans, and Cooperative Agreements, or SF-LLL and SF-LLL-A, Disclosure of Lobbying Activities per HUD Notice H 90-27, if applicant has engaged in lobbying activity
8.	_____	___/___/___	HUD-2880 Applicant/Recipient Disclosure/Update.
9.	_____	___/___/___	Consultant resume, Housing Consultant Certificate (form HUD-92531) and Contract (form HUD-92531A) (if applicable).
10.	_____	___/___/___	A sketch plan of the site. All dimensions should be shown, as well as location of proposed structures, streets, parking areas and drives, service and play areas (SAMA only).
11.	_____	___/___/___	Drawings or sketches of existing project layout and floor plans, in enough detail in enough detail for review (feasibility only).
12.	_____	___/___/___	City/county health officer's report/clear report where private water/sewage treatment system contemplated (feasibility only).
13.	_____	___/___/___	A work write-up of the proposed rehabilitation, showing the nature of the improvements for each basic element of the project (e.g., roof, exterior walls, porches and steps, etc.). If alteration of existing building elevations, floor plans or layouts is proposed, provide sketches showing the post-rehabilitation changes. (feasibility only)
14.	_____	___/___/___	Schematics and narrative description design analysis which is in accordance with Chapter 5 of Handbook 4600.1 REV-1.
15.	_____	___/___/___	A location map with the project clearly indicated.
16.	_____	___/___/___	The legal description of the property.
17.	_____	___/___/___	Evidence of permissive zoning, or evidence that needed rezoning is likely before submission of the Firm Commitment application.
18.	_____	___/___/___	Evidence of site control.
19.	_____	___/___/___	Market study or feasibility study (if available).
20.	_____	___/___/___	Evidence of last arms-length transaction and price, including a certification by the sponsor that evidence submitted in response to this item reflects the last arms-length purchase price.

	PS or ENC or N/A	Date of Document	Exhibit	
21.	_____	___/___/___	Current provider agreement for Medicare/Medicaid, if any (feasibility only).	
22.	_____	___/___/___	Form HUD-2530, Previous Participation Certification dated 3/87, on all principal participants as identified on page one of Instructions for Completing the Previous Participation Certificate and is as follows :	
	_____	___/___/___	a.	Sponsors
	_____	___/___/___	b.	Mortgagor
	_____	___/___/___	c.	Principals of the mortgagor including all general partners, limited partners with at least 25 percent interest, stockholders with at least 10 percent interest, and corporate officers.
	_____	___/___/___	d.	General contractor
	_____	___/___/___	e.	Management agent
	_____	___/___/___	f.	Loan broker/packager
	_____	___/___/___	g.	Housing consultant (for non-profit sponsors only)
	_____	___/___/___	h.	Architects and/or attorneys with other than an arms-length fee for professional services (if applicable).
	_____	___/___/___	i.	Affiliates which have the ability to control any principals (if applicable),
23.	_____	___/___/___	Verification of Social Security Number and/or Employer Identification Number, by a third party governmental agency, for the sponsor, mortgagor, each principal of the mortgagor, and the general contractor.	
24.	_____	___/___/___	The latest state agency medical/personal care facility agency(s) report on the project operation (feasibility only).	
25.	_____	___/___/___	Copies of all Medicare and Medicaid audits with outstanding findings and/or repayment schedule of over-reimbursement in previous years (feasibility only).	
26.	_____	___/___/___	Form HUD-92010, Equal Employment Opportunity Certification.	
27.	_____	___/___/___	Form FHA-3433, Determination of Eligibility as a Nonprofit Sponsor (if applicable).	
28.	_____	___/___/___	Description of proposed post-rehabilitation management policies and procedures, including draft business and marketing plans (feasibility only).	
29.	_____	___/___/___	The following are "optional exhibits" Please provide the following, or any other items, that will help expedite our SAMA (Feasibility) processing.	
	_____	___/___/___	a.	An assessor's map with parcel numbers.

	PS or ENC or N/A	Date of Document	Exhibit	
	_____	___/___/___	b.	A recent tax statement from the assessor.
	_____	___/___/___	c.	A zoning map of the immediate neighborhood.
	_____	___/___/___	d.	Information/documentation on wetlands, flood hazards, or other special property features.
	_____	___/___/___	e.	Photographs of the property and immediate area.
	_____	___/___/___	f.	Evidence of available utilities.
	_____	___/___/___	g.	More detailed site drawings or other design documents beyond the minimum required.
	_____	___/___/___	h.	A topographical map. An approximate "topo" map done without the aid of instruments may be sufficient.
	PS or ENC or N/A	Date of Document	Exhibit	
	_____	___/___/___	i.	Resumes of qualifications, including previous HUD experience, for the mortgagor, individual principals, the general contractor, the architect, and (if applicable) the housing consultant.
<p>It is the policy of the U.S. Department of Housing and Urban Development to encourage the participation of Women and Minority- owned Business Enterprises (W/MBEs) wherever possible in the Departments programs. As a recipient of the FHA-insured loan, the owner, sponsor, and the general contractor must provide evidence prior to final endorsement that W/MBEs were given an opportunity to bid on, and participate in, at least 20 percent of the dollar value of all contracts awarded.</p> <p>NOTE: HUD Forms, Handbooks, Notices and similar publications may be obtained by contacting (telephone ) 800-767-7468, (facsimile) 202-708-2313, or (writing) HUD-Printing Branch, 451 - 7th Street SW, Room B-100, Washington, DC 20410.</p> <p>If there are questions about exhibit requirements, please contact the Northwest/Alaska Multifamily Hub Office nearest you</p>				
<p>_____</p> <p>Multifamily Project Manager</p>			<p>_____</p> <p>Date</p>	